

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1569

1. PLACE OF DEATH

County *Franklin*

Registration District No. *399*

Township *7.5.2W*

Primary Registration District No. *1002*

City *St. Louis*

File No. *160*

Registered No. *160*

St. *3* Ward *3*

2. FULL NAME

(a) Residence. No. *3008 Summit* St. *3* Ward *3*

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 26, 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas City Mo

10. NAME OF FATHER

Henry Black

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas City Kan.

12. MAIDEN NAME OF MOTHER

Leda Beary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas City Mo

14.

INFORMANT

(Address)

Quola Black 3008 Summit

15.

FILED

1-13-29 m. m. Gove asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

1-6-29

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on *12-26-28*, 19 *28*, and that death occurred, on the date stated above, at *3:00 p.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Premature Birth

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

20. WAS THERE AN AUTOPSY?

21. WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Inspector

(Address)

Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wash Steel

20. UNDERTAKER

F. R. Ficklin

ADDRESS

city

